

For The**United States District Court**DISTRICT OF Massachusetts

Plaintiff

v.

Defendant

**APPLICATION TO PROCEED  
WITHOUT PREPAYMENT OF  
FEES AND AFFIDAVIT**  
U.S. DISTRICT COURT  
DISTRICT OF MASS.

CASE NUMBER:

I, Darryl Ford

declare that I am the (check appropriate box)

 petitioner/plaintiff/movant       other

in the above-entitled proceeding; that in support of my request to proceed without prepayment of fees or costs under 28 USC. §1915 I declare that I am unable to pay the costs of these proceedings and that I am entitled to the relief sought in the complaint/petition/motion.

In support of this application, I answer the following questions under penalty of perjury:

1. Are you currently incarcerated?  Yes  No (If "No" go to Part 2)

If "Yes" state the place of your incarceration Federal Medical Center Devens

Are you employed at the institution? No Do you receive any payment from the institution? No

Have the institution fill out the Certificate portion of this affidavit and attach a ledger sheet from the institution(s) of your incarceration showing at least the past six months' transactions.

2. Are you currently employed?  Yes  No

a. If the answer is "Yes" state the amount of your take-home salary or wages and pay period and give the name and address of your employer.

b. if the answer is "No" state the date of your last employment, the amount of your take-home salary or wages and pay period and the name and address of your last employer. N/A

3. In the past 12 twelve months have you received any money from any of the following sources?

- a. Business, profession or other self-employment
- b. Rent payments, interest or dividends
- c. Pensions, annuities or life insurance payments
- d. Disability or workers compensation payments
- e. Gifts or inheritances
- f. Any other sources

<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

If the answer to any of the above is "Yes" describe each source of money and state the amount received and what you expect you will continue to receive.

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4. Do you have **any** cash or checking or savings accounts?  Yes  No  
If "Yes" state the total amount.
5. Do you own any real estate, stocks, bonds, securities, other financial instruments, automobiles or other valuable property?  Yes  No  
If "Yes" describe the property and state its value.
6. List the persons who are dependent on you for support, state your relationship to each person and indicate how much you contribute to their support. *No Body*

I declare under penalty of perjury that the above information is true and correct.

November 6, 2004  
DATE

Daryl Ford

SIGNATURE OF APPLICANT

### CERTIFICATE

(Incarcerated applicants only)  
(To be completed by the institution of incarceration)

I certify that the applicant named herein has the sum of \$ 32.83 on account to his/her credit at (name of institution) FMC Devens. I further certify that the applicant has the following securities to his/her credit: # 1.07 Its Balance.

I further certify that during the past six months the applicant's average balance was \$ 18.26.

6 Nov 04  
DATE

J. Hancock P.U.n.t Counselor

SIGNATURE OF AUTHORIZED OFFICER